



11-08-07

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PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0081

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/835,121-Conf. #4218

Filing Date April 13, 2001

First Named Inventor Margaret M. LEAHY

Art Unit 1655

Examiner Name S. C. Hoffman

Attorney Docket Number OSJ-002RCE3

### ENCLOSURES (Check all that apply)

- Fee Transmittal Form
- Fee Attached
- Amendment/Reply
- After Final
- Affidavits/declaration(s)
- Extension of Time Request
- Express Abandonment Request
- Information Disclosure Statement
- Certified Copy of Priority Document(s)
- Reply to Missing Parts/ Incomplete Application
- Reply to Missing Parts under 37 CFR 1.52 or 1.53

- Drawing(s)
- Licensing-related Papers
- Petition
- Petition to Convert to a Provisional Application
- Power of Attorney, Revocation  
Change of Correspondence Address
- Terminal Disclaimer
- Request for Refund
- CD, Number of CD(s) \_\_\_\_\_
- Landscape Table on CD

- After Allowance Communication to TC
- Appeal Communication to Board of Appeals and Interferences
- Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- Proprietary Information
- Status Letter
- Other Enclosure(s) (please identify below):
 

Return Receipt Postcard  
PTO form SB/08  
Certificate of Mailing  
Copy of One (1) Reference

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name LAHIVE & COCKFIELD, LLP

Signature

Printed name Peter W. Dini, Ph.D.

Date November 1, 2007

Reg. No. 52,821



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 180.00
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Complete if Known	
Application Number	09/835,121-Conf. #4218
Filing Date	April 13, 2001
First Named Inventor	Margaret M. LEAHY
Examiner Name	S. C. Hoffman
Art Unit	1655
Attorney Docket No.	OSJ-002RCE3

## METHOD OF PAYMENT (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_  
 Deposit Account    Deposit Account Number: 12-0080    Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>
-	=	x	=	
HP = highest number of total claims paid for, if greater than 20.				

Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
50	25
210	105
370	185

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-	=	x	=	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-	=	x	=		

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	52,821	Telephone	(617) 994-0861
Name (Print/Type)	Peter W. Dini, Ph.D.	Date	November 1, 2007		



Express Mail Label No. EM 066425986 US Dated: November 1, 2007

Docket No.: OSJ-002RCE3  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Margaret M. Leahy *et al.*

Application No.: 09/835,121

Confirmation No.: 4218

Filed: April 13, 2001

Art Unit: 1655

For: NOVEL COMPOSITIONS DERIVED FROM  
CRANBERRY AND GRAPEFRUIT AND  
THERAPEUTIC USES THEREFOR

Examiner: S. C. Hoffman

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)**

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record the following additional documents. A PTO Form SB/08 and a full copy of each of the documents required under 37 CFR 1.98(a)(2) accompany this statement.

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited documents.

This Supplemental Information Disclosure Statement is filed more than three months after the U.S. filing date, and after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

11/05/2007 MGEBREM1 00000006 120000 89835121

01 FC:1806 180.00 DA

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. OSJ-002RCE3.

Dated: November 1, 2007

PWD/BME/mch

Respectfully submitted,

By 

Peter W. Dini, Ph.D.

Registration No.: 52,821

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Application No. (if known): 09/692,121

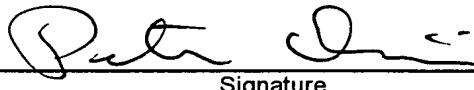
Attorney Docket No.: OSJ-002RCE3

## Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on November 1, 2007  
Date



Signature

Peter W. Dini, Ph.D.

Typed or printed name of person signing Certificate

52,821  
Registration Number, if applicable

(617) 994-0861  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

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Transmittal (1 page)  
Fee Transmittal (1 page, in duplicate)  
Supplemental Information Disclosure Statement (2 page)  
PTO form SB/08 (1 Reference) (1 page)  
Copy of One (1) Reference